



REQUEST FOR APPEAL

Tow Contractor request to appeal an invoice or violation/termination

FAX TO

Fax to all three contacts

MTC SAFE, attn: Kelly Kent
 Caltrans, attn: Kane Wong
 CHP, attn: Dwyane Potts

415-778-6663
 510-286-4549
 707-648-5311

FROM

| | | | |
|---------------------|----------------------|--------------------|----------------------|
| Contractor & Beat # | <input type="text"/> | Contact Name | <input type="text"/> |
| Contact # | <input type="text"/> | Driver Name | <input type="text"/> |
| Truck # | <input type="text"/> | Date | <input type="text"/> |
| Field supervisor | <input type="text"/> | Certification Date | <input type="text"/> |

VIOLATION/ TERMINATION

Complete only if you are appealing a driver/ contractor violation or termination

Violation type Major Minor Flagrant

Notification date

Violation description

INVOICE APPEAL

Complete only if you are appealing an invoice

| Date | Time | Call Sign | Driver ID | Hours | Deduction |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
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REASON FOR APPEAL

Attach additional sheets if necessary

Signature/Date

APPEALS REVIEW COMMITTEE USE ONLY

Approval/Date

Appeal Accepted Appeal Denied